

118TH CONGRESS
1ST SESSION

S. 3130

To amend the Indian Health Care Improvement Act to improve the recruitment and retention of employees in the Indian Health Service, restore accountability in the Indian Health Service, improve health services, and for other purposes.

IN THE SENATE OF THE UNITED STATES

OCTOBER 25, 2023

Mr. BARRASSO (for himself, Mr. THUNE, Ms. LUMMIS, Mr. DAINES, and Mr. ROUNDS) introduced the following bill; which was read twice and referred to the Committee on Indian Affairs

A BILL

To amend the Indian Health Care Improvement Act to improve the recruitment and retention of employees in the Indian Health Service, restore accountability in the Indian Health Service, improve health services, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Restoring Account-
5 ability in the Indian Health Service Act of 2023”.

6 **SEC. 2. TABLE OF CONTENTS.**

7 The table of contents for this Act is as follows:

- Sec. 1. Short title.
- Sec. 2. Table of contents.

TITLE I—INDIAN HEALTH SERVICE IMPROVEMENTS

- Sec. 101. Incentives for recruitment and retention.
- Sec. 102. Medical credentialing system.
- Sec. 103. Liability protections for health professional volunteers at Indian Health Service.
- Sec. 104. Clarification regarding eligibility for Indian Health Service loan repayment program.
- Sec. 105. Improvements in hiring practices.
- Sec. 106. Improved authorities of secretary to improve accountability of senior executives and employees of the Indian Health Service.
- Sec. 107. Tribal culture and history.
- Sec. 108. Staffing demonstration program.
- Sec. 109. Rule establishing Tribal consultation policy.
- Sec. 110. Enhancing quality of care in the Indian Health Service.
- Sec. 111. Notification of investigation regarding professional conduct; submission of records.
- Sec. 112. Medical chaperones; Office of Patient Advocacy.
- Sec. 113. Fitness of health care providers.
- Sec. 114. Standards to improve timeliness of care.

TITLE II—EMPLOYEE PROTECTIONS

- Sec. 201. Employee protections against retaliation.
- Sec. 202. Right of Federal employees to petition Congress.
- Sec. 203. Fiscal accountability.

TITLE III—REPORTS

- Sec. 301. Definitions.
- Sec. 302. Reports by the Secretary of Health and Human Services.
- Sec. 303. Reports by the Comptroller General.
- Sec. 304. Inspector General reports.
- Sec. 305. Transparency in CMS surveys.

TITLE IV—TECHNICAL AMENDMENTS

- Sec. 401. Technical amendments.

1 **TITLE I—INDIAN HEALTH**
 2 **SERVICE IMPROVEMENTS**

3 **SEC. 101. INCENTIVES FOR RECRUITMENT AND RETEN-**
 4 **TION.**

5 Title I of the Indian Health Care Improvement Act
 6 (25 U.S.C. 1611 et seq.) is amended by adding at the end
 7 the following:

1 **“SEC. 125. INCENTIVES FOR RECRUITMENT AND RETEN-**
 2 **TION.**

3 “(a) **PARITY IN IHS HEALTH CARE WORKFORCE**
 4 **PERSONNEL AND PAY SYSTEM.**—The Secretary shall es-
 5 tablish a personnel and pay system for physicians, den-
 6 tists, nurses, and other health care professionals employed
 7 by the Service that provides a personnel and pay system
 8 that, to the maximum extent practicable, is comparable
 9 to the pay provided to physicians, dentists, nurses, and
 10 other health care professionals, respectively, under sub-
 11 chapters III and IV of chapter 74 of title 38, United
 12 States Code.

13 “(b) **HOUSING VOUCHERS.**—

14 “(1) **IN GENERAL.**—Subject to paragraph (2),
 15 not later than 1 year after the date of enactment of
 16 the Restoring Accountability in the Indian Health
 17 Service Act of 2023, the Secretary may establish a
 18 program to provide tenant-based rental assistance to
 19 an employee of the Service who—

20 “(A) agrees to serve for not less than 1
 21 year at a Service unit designated by the Admin-
 22 istrator of the Health Resources and Services
 23 Administration as a health professional short-
 24 age area (as defined in section 332(a) of the
 25 Public Health Service Act (42 U.S.C. 254e(a)))
 26 with the greatest staffing need; and

1 “(B) is a critical employee, as determined
2 by the Secretary.

3 “(2) SUNSET.—Any program established by the
4 Secretary under paragraph (1) shall terminate on
5 the date that is 3 years after the date on which the
6 program is established.

7 “(3) REPORTS.—Not later than 1 year after the
8 date on which a program established under para-
9 graph (1) is terminated in accordance with para-
10 graph (2), the Secretary shall submit to Congress a
11 report describing, with respect to that program—

12 “(A) the costs of the program;

13 “(B) employee uptake of the program; and

14 “(C) the effects of the program on local fa-
15 cility staffing needs.

16 “(c) ADMINISTRATION.—The Secretary may only
17 provide a benefit under subsection (b) to—

18 “(1) a full-time employee who agrees to serve
19 for not less than 1 year in the Service beginning on
20 the date of the agreement; or

21 “(2) a part-time employee who agrees to serve
22 for not less than 2 years in the service beginning on
23 the date of the agreement.”.

1 **SEC. 102. MEDICAL CREDENTIALING SYSTEM.**

2 Title I of the Indian Health Care Improvement Act
3 (25 U.S.C. 1611 et seq.) (as amended by section 101) is
4 amended by adding at the end the following:

5 **“SEC. 126. MEDICAL CREDENTIALING SYSTEM.**

6 “(a) IN GENERAL.—

7 “(1) DEVELOPMENT AND IMPLEMENTATION
8 TIMELINE.—Not later than 1 year after the date of
9 enactment of the Restoring Accountability in the In-
10 dian Health Service Act of 2023, the Secretary, act-
11 ing through the Service (referred to in this section
12 as the ‘Secretary’), in accordance with subsection
13 (b), shall develop and implement a Service-wide cen-
14 tralized credentialing system (referred to in this sec-
15 tion as the ‘credentialing system’) to credential li-
16 censed health professionals who seek to provide
17 health care services at any Service unit.

18 “(2) IMPLEMENTATION.—In implementing the
19 credentialing system, the Secretary—

20 “(A) shall not require re-credentialing of
21 licensed health professionals who were
22 credentialed using existing Service policy prior
23 to the date of enactment of the Restoring Ac-
24 countability in the Indian Health Service Act of
25 2023; and

26 “(B) shall—

1 “(i) use the credentialing system
2 for—

3 “(I) all applications for
4 credentialing or re-credentialing of li-
5 censed health professionals submitted
6 on or after the date of enactment of
7 the Restoring Accountability in the
8 Indian Health Service Act of 2023;
9 and

10 “(II) the migration into the
11 credentialing system of credentials
12 data that existed prior to implementa-
13 tion of the credentialing system; and

14 “(ii) maintain the established timeline
15 for re-credentialing of licensed health pro-
16 fessionals who were credentialed prior to
17 implementation of the credentialing sys-
18 tem, as defined by Service policy.

19 “(b) REQUIREMENTS.—

20 “(1) IN GENERAL.—In developing the
21 credentialing system under subsection (a), the Sec-
22 retary shall ensure that—

23 “(A) credentialing procedures shall be uni-
24 form throughout the Service; and

1 “(B) with respect to each licensed health
2 professional who successfully completes the
3 credentialing procedures of the credentialing
4 system, the Secretary may authorize the li-
5 censed health professional to provide health
6 care services at any Service unit.

7 “(2) EXEMPTION.—The requirements described
8 in paragraph (1) shall not apply to licensed health
9 professionals who were credentialed using existing
10 Service policy prior to the date of enactment of the
11 Restoring Accountability in the Indian Health Serv-
12 ice Act of 2023 until the date on which those li-
13 censed health professionals are required to be re-
14 credentialed in accordance with the credentialing
15 system developed and implemented under subsection
16 (a).

17 “(c) CONSULTATION.—In developing the
18 credentialing system under subsection (a), the Secretary—

19 “(1) shall consult with Indian tribes; and

20 “(2) may consult with—

21 “(A) any public or private association of
22 medical providers;

23 “(B) any government agency; or

24 “(C) any other relevant expert, as deter-
25 mined by the Secretary.

1 “(d) APPLICATION.—

2 “(1) IN GENERAL.—Subject to paragraph (2), a
3 licensed health care professional may not provide
4 health care services at any Service unit, unless the
5 licensed health care professional successfully com-
6 pletes the credentialing procedures of the
7 credentialing system developed and implemented
8 under subsection (a).

9 “(2) EXEMPTION.—Paragraph (1) shall not
10 apply to licensed health professionals who were
11 credentialed using existing Service policy prior to the
12 date of enactment of the Restoring Accountability in
13 the Indian Health Service Act of 2023 until the date
14 on which those licensed health professionals are re-
15 quired to be re-credentialed in accordance with the
16 credentialing system developed and implemented
17 under subsection (a).

18 “(e) NONDUPLICATION OF EFFORTS.—

19 “(1) IN GENERAL.—To the extent that prior to
20 the deadline described in subsection (a)(1), the Serv-
21 ice has begun implementing or has completed imple-
22 mentation of a medical credentialing system that
23 otherwise meets the requirements of this section, the
24 Service shall not be required to establish a new
25 credentialing system under this section.

1 “(2) AUTHORITY.—The Service may expand or
2 enhance an existing credentialing system to meet the
3 requirements of this section.

4 “(3) REVIEW.—

5 “(A) IN GENERAL.—Not less frequently
6 than once every 5 years, the Service shall—

7 “(i) undertake a formal review of the
8 credentialing system in effect on the date
9 of the review; and

10 “(ii) if necessary, take action to bring
11 the credentialing system into compliance
12 with the requirements of this section.

13 “(B) CONSULTATION.—Each formal review
14 conducted under subparagraph (A) shall be sub-
15 ject to the consultation requirements under sub-
16 section (c).

17 “(f) EFFECT.—Nothing in this section—

18 “(1) negatively impacts the right of an Indian
19 tribe to enter into a compact or contract under the
20 Indian Self-Determination and Education Assistance
21 Act (25 U.S.C. 5301 et seq.); or

22 “(2) applies to such a compact or contract un-
23 less expressly agreed to by the Indian tribe.”.

1 **SEC. 103. LIABILITY PROTECTIONS FOR HEALTH PROFES-**
2 **SIONAL VOLUNTEERS AT INDIAN HEALTH**
3 **SERVICE.**

4 Section 224 of the Public Health Service Act (42
5 U.S.C. 233) is amended by adding at the end the fol-
6 lowing:

7 “(r) CERTAIN INDIAN HEALTH SERVICE VOLUN-
8 TEERS DEEMED PUBLIC HEALTH SERVICE EMPLOY-
9 EES.—

10 “(1) IN GENERAL.—For purposes of this sec-
11 tion, a health professional volunteer at a Service
12 unit shall, in providing a health service to an indi-
13 vidual, be deemed to be an employee of the Public
14 Health Service for a calendar year that begins dur-
15 ing a fiscal year for which a transfer was made
16 under paragraph (4)(C). The preceding sentence is
17 subject to the provisions of this subsection.

18 “(2) CONDITIONS.—In providing a health serv-
19 ice to an individual, a health care practitioner shall,
20 for purposes of this subsection, be considered to be
21 a health professional volunteer at a Service unit if
22 all of the following conditions are met:

23 “(A) The service is provided to the indi-
24 vidual at the facilities of a Service unit, or, as
25 authorized by the Service unit, offsite.

1 “(B) The Service unit is sponsoring the
2 health care practitioner pursuant to paragraph
3 (3)(C).

4 “(C) The health care practitioner does not
5 receive any compensation for the service from
6 the individual, the Service unit, or any third-
7 party payer (including reimbursement under
8 any insurance policy or health plan, or under
9 any Federal or State health benefits program),
10 except that the health care practitioner may re-
11 ceive repayment from the Service unit for rea-
12 sonable expenses incurred by the health care
13 practitioner in the provision of the service to
14 the individual.

15 “(D) Before the service is provided, the
16 health care practitioner or the Service unit
17 posts a clear and conspicuous notice at the site
18 where the service is provided of the extent to
19 which the legal liability of the health care prac-
20 titioner is limited under this subsection.

21 “(E) At the time the service is provided,
22 the health care practitioner is licensed, certified,
23 and credentialed in accordance with Service pol-
24 icy and applicable law regarding the provision
25 of the service.

1 “(3) APPLICABILITY.—Subsection (g) (other
2 than paragraphs (3) and (5)) and subsections (h),
3 (i), and (l) apply to a health care practitioner at a
4 Service unit for purposes of this subsection to the
5 same extent and in the same manner as such sub-
6 sections apply to an officer, governing board mem-
7 ber, employee, or contractor of an entity described in
8 subsection (g)(4), subject to paragraph (4) and sub-
9 ject to the following subparagraphs:

10 “(A) Each reference to an entity in sub-
11 sections (g), (h), (i), and (l) shall be considered
12 to be a reference to a Service unit.

13 “(B) The first sentence of paragraph (1)
14 applies in lieu of the first sentence of subsection
15 (g)(1)(A).

16 “(C) With respect to a Service unit, a
17 health care practitioner is not a health profes-
18 sional volunteer at the Service unit unless the
19 Service unit sponsors the health care practi-
20 tioner. For purposes of this subsection, the
21 Service unit shall be considered to be spon-
22 soring the health care practitioner if—

23 “(i) with respect to the health care
24 practitioner, the Service unit submits to

1 the Secretary an application meeting the
2 requirements of subsection (g)(1)(D); and

3 “(ii) the Secretary, pursuant to sub-
4 section (g)(1)(E), determines that the
5 health care practitioner is deemed to be an
6 employee of the Public Health Service.

7 “(D) In the case of a health care practi-
8 tioner who is determined by the Secretary pur-
9 suant to this subsection and subsection
10 (g)(1)(E) to be a health professional volunteer,
11 this subsection applies to the health care practi-
12 tioner (with respect to services performed on
13 behalf of the Service unit sponsoring the health
14 care practitioner pursuant to subparagraph (C))
15 for any cause of action arising from an act or
16 omission of the health care practitioner occur-
17 ring on or after the date on which the Secretary
18 makes that determination.

19 “(E) Subsection (g)(1)(F) applies to a
20 health care practitioner for purposes of this
21 subsection only to the extent that, in providing
22 health services to an individual, each of the con-
23 ditions described in paragraph (2) is met.

24 “(4) FUNDING.—

1 “(A) IN GENERAL.—Amounts appropriated
2 under section 1304 of title 31, United States
3 Code, commonly known as the ‘Judgment
4 Fund’, shall be available for transfer under sub-
5 paragraph (C) for purposes of carrying out this
6 subsection, as if claims were adjudicated by a
7 United States District Court under section
8 1346(b) of title 28, United States Code.

9 “(B) ANNUAL ESTIMATES.—

10 “(i) IN GENERAL.—Not later than
11 May 1 of each fiscal year, the Attorney
12 General, in consultation with the Sec-
13 retary, shall submit to Congress a report
14 providing an estimate of the amount of
15 claims (together with related fees and ex-
16 penses of witnesses) that, by reason of the
17 acts or omissions of health professional
18 volunteers, will be paid pursuant to this
19 section during the calendar year that be-
20 gins in the following fiscal year.

21 “(ii) APPLICABILITY.—Subsection
22 (k)(1)(B) applies to the estimate under
23 clause (i) relating to health professional
24 volunteers to the same extent and in the
25 same manner as that subsection applies to

1 the estimate under that subsection relating
2 to officers, governing board members, em-
3 ployees, and contractors of entities de-
4 scribed in subsection (g)(4).

5 “(C) TRANSFERS.—Not later than Decem-
6 ber 31 of each fiscal year, the Secretary shall
7 transfer from the fund under subsection (k)(2)
8 to the appropriate accounts in the Treasury an
9 amount equal to the estimate made under sub-
10 paragraph (B) for the calendar year beginning
11 in that fiscal year, subject to the extent of
12 amounts in the fund.

13 “(5) DEFINITION OF SERVICE UNIT.—

14 “(A) IN GENERAL.—In this subsection, the
15 term ‘Service unit’ has the meaning given the
16 term in section 4 of the Indian Health Care Im-
17 provement Act (25 U.S.C. 1603).

18 “(B) INCLUSION.—In this subsection, the
19 term ‘Service unit’ includes an urban Indian or-
20 ganization with which the Indian Health Serv-
21 ice has entered into a contract with, or to which
22 the Indian Health Service has made a grant,
23 under title V of the Indian Health Care Im-
24 provement Act (25 U.S.C. 1651 et seq.).

25 “(6) EFFECT.—Nothing in this subsection—

1 “(A) negatively impacts the right of an In-
2 dian tribe or Tribal organization to enter into
3 a compact or contract under the Indian Self-
4 Determination and Education Assistance Act
5 (25 U.S.C. 5304 et seq.); or

6 “(B) applies to such a compact or contract
7 unless expressly agreed to by the Indian tribe
8 and the Secretary.

9 “(7) EFFECTIVE DATES.—

10 “(A) IN GENERAL.—Except as provided in
11 subparagraph (B), this subsection shall take ef-
12 fect on October 1, 2024.

13 “(B) REGULATIONS, APPLICATIONS, AND
14 REPORTS.—Effective on the date of the enact-
15 ment of the Restoring Accountability in the In-
16 dian Health Service Act of 2023, the Secretary
17 may—

18 “(i) prescribe regulations for carrying
19 out this subsection; and

20 “(ii) accept and consider applications
21 submitted under paragraph (3)(C)(i).”.

1 **SEC. 104. CLARIFICATION REGARDING ELIGIBILITY FOR IN-**
2 **DIAN HEALTH SERVICE LOAN REPAYMENT**
3 **PROGRAM.**

4 Section 108 of the Indian Health Care Improvement
5 Act (25 U.S.C. 1616a) is amended—

6 (1) in subsection (b)(1), by striking subpara-
7 graph (B) and inserting the following:

8 “(B) have—

9 “(i)(I) a degree in a health profession; and

10 “(II) a license to practice a health profes-
11 sion in a State; or

12 “(ii)(I) a master’s degree in business ad-
13 ministration with an emphasis in health care
14 management (as defined by the Secretary),
15 health administration, hospital administration,
16 or public health; and

17 “(II) a license or certification to practice
18 in the field of business administration, health
19 administration, hospital administration, or pub-
20 lic health in a State, if the Secretary deter-
21 mines the license or certification is necessary
22 for the Indian health program to which the in-
23 dividual will be assigned;”;

24 (2) in subsection (f)(1)(B), by striking clause
25 (iii) and inserting the following:

1 “(iii) to serve for a time period (re-
2 ferred to in this section as the ‘period of
3 obligated service’) equal to—

4 “(I) 2 years or such longer pe-
5 riod as the individual may agree to
6 serve in the full-time practice of the
7 individual’s profession in an Indian
8 health program to which the indi-
9 vidual may be assigned by the Sec-
10 retary; or

11 “(II) 4 years or such longer pe-
12 riod as the individual may agree to
13 serve in the half-time practice of the
14 individual’s profession in an Indian
15 health program to which the indi-
16 vidual may be assigned by the Sec-
17 retary;” and

18 (3) in subsection (g)(2)—

19 (A) in subparagraph (B), by striking “(B)
20 Any arrangement” and inserting the following:

21 “(C) DEADLINE FOR REPAYMENTS.—Any
22 arrangement”;

23 (B) subparagraph (A), in the second sen-
24 tence of the matter preceding clause (i), by

1 striking “In making a determination” and in-
2 serting the following:

3 “(B) DETERMINATION OF AMOUNT OF
4 PAYMENT.—In making a determination under
5 this paragraph”; and

6 (C) by striking “(2)(A) For each year”
7 and all that follows through “paragraph (1).”
8 and inserting the following:

9 “(2) AUTHORIZED PAYMENTS.—

10 “(A) AMOUNT OF PAYMENT.—

11 “(i) FULL-TIME PRACTICE.—In the
12 case of an individual who contracts to
13 serve a period of obligated service under
14 subsection (f)(1)(B)(iii)(I), for each year of
15 the obligated service, the Secretary may
16 pay up to \$35,000 (or an amount equal to
17 the amount specified in section
18 338B(g)(2)(A) of the Public Health Serv-
19 ice Act (42 U.S.C. 2541–1(g)(2)(A))) on
20 behalf of the individual for loans described
21 in paragraph (1).

22 “(ii) HALF-TIME.—In the case of an
23 individual who contracts to serve a period
24 of obligated service under subsection
25 (f)(1)(B)(iii)(II), for each year of such ob-

1 ligated service, the Secretary may pay up
2 to \$17,500 (or an amount equal to half of
3 the amount specified in section
4 338B(g)(2)(A) of the Public Health Serv-
5 ice Act (42 U.S.C. 2541–1(g)(2)(A))) on
6 behalf of the individual for loans described
7 in paragraph (1).”.

8 **SEC. 105. IMPROVEMENTS IN HIRING PRACTICES.**

9 (a) IN GENERAL.—Title VI of the Indian Health
10 Care Improvement Act (25 U.S.C. 1661 et seq.) is amend-
11 ed by adding at the end the following:

12 **“SEC. 605. IMPROVEMENTS IN HIRING PRACTICES.**

13 “(a) DIRECT HIRE AUTHORITY.—The Secretary may
14 appoint, without regard to subchapter I of chapter 33 of
15 title 5, United States Code (other than sections 3303 and
16 3328 of that title), a candidate directly to a position with-
17 in the Service for which the candidate meets the qualifica-
18 tions standard established by the Office of Personnel Man-
19 agement.

20 “(b) TRIBAL NOTIFICATION.—

21 “(1) IN GENERAL.—Before appointing, hiring,
22 promoting, transferring, or reassigning a candidate
23 to a Senior Executive Service position or the position
24 of a senior level manager at an Area office or Serv-
25 ice unit, the Secretary shall provide notice to each

1 Indian tribe located within the defined geographic
2 area of the Area office or Service unit, as applicable,
3 of the content of an inclusion in an employment
4 record.

5 “(2) COMMENT PERIOD.—Each Indian tribe
6 that receives notification under paragraph (1) may
7 submit to the Secretary comments during the 10-day
8 period after the date of notification.”

9 (b) IHS WAIVERS.—Section 2(c) of Public Law 96–
10 135 (25 U.S.C. 5117(c)) is amended—

11 (1) in paragraph (2)—

12 (A) by striking “(2) The provisions” and
13 inserting the following:

14 “(2) APPLICATION TO CERTAIN INDIVIDUALS.—
15 The provisions”;

16 (B) by inserting “or (3)” after “paragraph
17 (1)”; and

18 (C) by striking “section 1131(f) of the
19 Education Amendments of 1978 (25 U.S.C.
20 2011(f); 92 Stat. 2324)” and inserting “section
21 1132(f) of the Education Amendments of 1978
22 (25 U.S.C. 2012(f))”;

23 (2) by striking “(c)(1) Notwithstanding” and
24 inserting the following:

1 “(c) WAIVER OF APPLICABILITY IN PERSONNEL AC-
2 TIONS.—

3 “(1) IN GENERAL.—Notwithstanding”; and
4 (3) by adding at the end the following:

5 “(3) IHS WAIVERS.—

6 “(A) IN GENERAL.—At the request of a
7 concerned Indian tribe, the Secretary of Health
8 and Human Services may seek from each In-
9 dian tribe concerned a waiver of Indian pref-
10 erence laws for a personnel action that is with
11 respect to—

12 “(i) a Service unit (as defined in sec-
13 tion 4 of the Indian Health Care Improve-
14 ment Act (25 U.S.C. 1603)) in which—

15 “(I) 15 percent or greater of the
16 total positions are not filled by a full-
17 time employee of the Indian Health
18 Service for a period of 6 months or
19 longer; or

20 “(II) 15 percent or greater of a
21 specific health professional position
22 are not filled by a full-time employee
23 of the Indian Health Service for a pe-
24 riod of 6 months or longer; or

1 “(ii) a former employee of the Indian
 2 Health Service, or a former Tribal em-
 3 ployee, who was removed from the employ-
 4 ment during, or demoted for performance
 5 or misconduct that occurred during, the 5-
 6 year period following the date of the per-
 7 sonnel action.

8 “(B) LIMITATION.—A waiver may only be
 9 requested under subparagraph (A) for a per-
 10 sonnel action that is with respect to an em-
 11 ployee described in clause (ii) of that subpara-
 12 graph if the reason for the removal or demotion
 13 of the employee did not result from an action
 14 undertaken by the employee that was reported
 15 to the National Practitioner Data Bank.

16 “(C) RESTRICTION.—The Secretary of
 17 Health and Human Services may only approve
 18 a waiver under subparagraph (A) if the waiver
 19 is first requested by a concerned Indian tribe.”.

20 **SEC. 106. IMPROVED AUTHORITIES OF SECRETARY TO IM-**
 21 **PROVE ACCOUNTABILITY OF SENIOR EXECU-**
 22 **TIVES AND EMPLOYEES OF THE INDIAN**
 23 **HEALTH SERVICE.**

24 (a) IN GENERAL.—Title VI of the Indian Health
 25 Care Improvement Act (25 U.S.C. 1661 et seq.) (as

1 amended by section 105(a)) is amended by adding at the
2 end the following:

3 **“SEC. 606. IMPROVED AUTHORITIES OF SECRETARY TO IM-**
4 **PROVE ACCOUNTABILITY OF SENIOR EXECU-**
5 **TIVES OF THE INDIAN HEALTH SERVICE.**

6 “(a) DEFINITIONS.—In this section:

7 “(1) COVERED INDIVIDUAL.—The term ‘cov-
8 ered individual’ means a career appointee (as de-
9 fined in section 3132(a) of title 5, United States
10 Code).

11 “(2) MISCONDUCT.—The term ‘misconduct’ in-
12 cludes—

13 “(A) neglect of duty;

14 “(B) malfeasance;

15 “(C) failure to accept a directed reassign-
16 ment; and

17 “(D) failure to accompany a position in a
18 transfer of function.

19 “(3) SECRETARY.—The term ‘Secretary’ means
20 the Secretary, acting through the Service.

21 “(4) SENIOR EXECUTIVE POSITION.—The term
22 ‘senior executive position’ means a Senior Executive
23 Service position (as defined in section 3132(a) of
24 title 5, United States Code).

25 “(b) AUTHORITY.—

1 “(1) IN GENERAL.—The Secretary may, in ac-
2 cordance with this section, reprimand, suspend, in-
3 voluntarily reassign, demote, or remove a covered in-
4 dividual from a senior executive position at the Serv-
5 ice if the Secretary determines that the misconduct
6 or performance of the covered individual warrants
7 such an action.

8 “(2) REMOVAL FROM CIVIL SERVICE.—If the
9 Secretary removes a covered individual pursuant to
10 paragraph (1), the Secretary may remove the indi-
11 vidual from the civil service (as defined in section
12 2101 of title 5, United States Code).

13 “(c) RIGHTS AND PROCEDURES.—

14 “(1) IN GENERAL.—A covered individual who is
15 the subject of an action or removal, as applicable,
16 under subsection (b) is entitled—

17 “(A) to advance notice of the action or re-
18 moval;

19 “(B) to access a file containing all evidence
20 in support of the proposed action or removal;

21 “(C) to be represented by an attorney or
22 other representative of the covered individual’s
23 choice; and

24 “(D) to grieve the decision on the action or
25 removal under paragraph (2) in accordance

1 with the internal grievance process established
2 by the Secretary under paragraph (3).

3 “(2) NOTICE; RESPONSE; DECISION.—

4 “(A) IN GENERAL.—The aggregate period
5 for notice, response, and decision on an action
6 or removal under subsection (b) may not exceed
7 15 business days.

8 “(B) RESPONSE.—A covered individual re-
9 ceiving a notice under paragraph (1)(A) of an
10 action or removal, as applicable, under sub-
11 section (b) shall have not more than 7 business
12 days to respond to the notice.

13 “(C) DECISION.—

14 “(i) IN GENERAL.—The Secretary
15 shall issue a decision on an action or re-
16 moval, as applicable, under subsection (b)
17 not later than 15 business days after the
18 date on which notice of the action or re-
19 moval, as applicable, is received by the ap-
20 plicable covered individual under para-
21 graph (1)(A).

22 “(ii) REQUIREMENTS.—A decision
23 under clause (i)—

24 “(I) shall be in writing; and

1 “(II) shall include the specific
2 reasons for the decision.

3 “(D) FINAL AND CONCLUSIVE DECISION.—
4 A decision under this paragraph that is not
5 grieved under paragraph (3) by the deadline de-
6 scribed in that paragraph shall be final and
7 conclusive.

8 “(3) GRIEVANCE PROCESS.—

9 “(A) IN GENERAL.—The Secretary shall
10 establish an internal grievance process under
11 which a covered individual may grieve a deci-
12 sion issued under paragraph (2) not later than
13 the date that is 7 business days after the date
14 on which the decision under that paragraph was
15 issued.

16 “(B) TOTAL PERIOD.—The Secretary shall
17 issue a decision for which an internal grievance
18 process is initiated under subparagraph (A) not
19 later than 21 business days after the date on
20 which the grievance process is initiated by the
21 covered individual.

22 “(C) FINAL AND CONCLUSIVE DECISION.—
23 A grievance decision under this paragraph shall
24 be final and conclusive.

1 “(4) JUDICIAL REVIEW.—A covered individual
2 adversely affected by a decision under paragraph (2)
3 that is not grieved, or by a grievance decision under
4 paragraph (3), may obtain judicial review of the de-
5 cision.

6 “(5) COURT REVIEW.—In any case in which ju-
7 dicial review is sought under paragraph (4), the
8 court shall review the record and may set aside any
9 action of the Department or the Service found to
10 be—

11 “(A) arbitrary, capricious, an abuse of dis-
12 cretion, or otherwise not in accordance with a
13 provision of law;

14 “(B) obtained without procedures required
15 by a provision of law having been followed; or

16 “(C) unsupported by substantial evidence.

17 “(d) RELATION TO OTHER PROVISIONS OF LAW.—
18 Section 3592(b)(1) of title 5, United States Code, shall
19 not apply to an action under subsection (b).

20 **“SEC. 607. IMPROVED AUTHORITIES OF SECRETARY TO IM-**
21 **PROVE ACCOUNTABILITY OF EMPLOYEES OF**
22 **THE INDIAN HEALTH SERVICE.**

23 “(a) DEFINITIONS.—In this section:

24 “(1) COVERED INDIVIDUAL.—

1 “(A) IN GENERAL.—The term ‘covered in-
2 dividual’ means an individual occupying a posi-
3 tion at the Service.

4 “(B) EXCLUSIONS.—The term ‘covered in-
5 dividual’ does not include—

6 “(i) an individual occupying a senior
7 executive position (as defined in section
8 606(a));

9 “(ii) an individual who has not com-
10 pleted a probationary or trial period; or

11 “(iii) a political appointee.

12 “(2) GRADE.—The term ‘grade’ has the mean-
13 ing given the term in section 7511(a) of title 5,
14 United States Code.

15 “(3) MISCONDUCT.—The term ‘misconduct’ in-
16 cludes—

17 “(A) neglect of duty;

18 “(B) malfeasance;

19 “(C) failure to accept a directed reassign-
20 ment; and

21 “(D) failure to accompany a position in a
22 transfer of function.

23 “(4) POLITICAL APPOINTEE.—The term ‘polit-
24 ical appointee’ means an individual who is—

1 “(A) employed in a position described in
2 any of sections 5312 through 5316 of title 5,
3 United States Code (relating to the Executive
4 Schedule);

5 “(B) a limited term appointee, limited
6 emergency appointee, or noncareer appointee
7 (as those terms are defined in section 3132(a)
8 of title 5, United States Code); or

9 “(C) employed in a position of a confiden-
10 tial or policy-determining character under
11 schedule C of subpart C of part 213 of title 5,
12 Code of Federal Regulations (or a successor
13 regulation).

14 “(5) SECRETARY.—The term ‘Secretary’ means
15 the Secretary, acting through the Service.

16 “(6) SUSPEND.—The term ‘suspend’ means the
17 placing of an employee, for disciplinary reasons, in
18 a temporary status without duties and pay for a pe-
19 riod in excess of 14 days.

20 “(b) AUTHORITY.—

21 “(1) IN GENERAL.—The Secretary may, in ac-
22 cordance with this section, remove, demote, or sus-
23 pend a covered individual from employment at the
24 Service if the Secretary determines that the perform-

1 ance or misconduct of the covered individual war-
2 rants such an action.

3 “(2) ACTIONS.—If the Secretary removes, de-
4 motes, or suspends a covered individual pursuant to
5 paragraph (1), the Secretary may—

6 “(A) remove the covered individual from
7 the civil service (as defined in section 2101 of
8 title 5, United States Code);

9 “(B) demote the covered individual by
10 means of—

11 “(i) a reduction in grade for which the
12 covered individual is qualified, as the Sec-
13 retary determines appropriate; and

14 “(ii) a reduction of the annual rate of
15 pay of the covered individual; or

16 “(C) suspend the covered individual from
17 the civil service (as defined in section 2101 of
18 title 5, United States Code).

19 “(c) PAY OF CERTAIN DEMOTED INDIVIDUALS.—

20 “(1) IN GENERAL.—Notwithstanding any other
21 provision of law, any covered individual subject to a
22 demotion by means of a reduction in grade under
23 subsection (b)(2)(B) shall, beginning on the date of
24 the demotion, receive the annual rate of pay applica-
25 ble to the reduced grade.

1 “(2) RESTRICTIONS.—

2 “(A) PROHIBITION ON ADMINISTRATIVE
3 LEAVE.—A covered individual subject to a de-
4 motion under subsection (b)(2)(B)—

5 “(i) may not be placed on administra-
6 tive leave during the period during which
7 an appeal (if any) under this section is on-
8 going; and

9 “(ii) may only receive pay if the cov-
10 ered individual reports for duty or is ap-
11 proved to use accrued unused annual, sick,
12 family medical, military, or court leave.

13 “(B) RESTRICTION ON PAY AND BENE-
14 FITS.—If a covered individual subject to a de-
15 motion under subsection (b)(2)(B) does not re-
16 port for duty (and has not received approval to
17 use accrued unused leave under subparagraph
18 (A)(ii)), the covered individual shall not receive
19 pay or other benefits pursuant to subsection
20 (e)(7).

21 “(d) RIGHTS AND PROCEDURES.—

22 “(1) IN GENERAL.—A covered individual who is
23 the subject of an action or removal, as applicable,
24 under subsection (b) is entitled—

1 “(A) to advance notice of the action or re-
2 moval;

3 “(B) to access a file containing all evidence
4 in support of the proposed action or removal;

5 “(C) to be represented by an attorney or
6 other representative of the covered individual’s
7 choice; and

8 “(D) to grieve the decision on the action or
9 removal under paragraph (2) in accordance
10 with the internal grievance process established
11 by the Secretary under paragraph (3).

12 “(2) NOTICE; RESPONSE; DECISION.—

13 “(A) AGGREGATE PERIOD.—The aggregate
14 period for notice, response, and a final decision
15 on an action under subsection (b) may not ex-
16 ceed 15 business days.

17 “(B) RESPONSE.—A covered individual re-
18 ceiving a notice under paragraph (1)(A) of an
19 action or removal under subsection (b) shall
20 have not more than 7 business days to respond
21 to the notice.

22 “(C) FINAL AND CONCLUSIVE DECISION.—

23 “(i) IN GENERAL.—The Secretary
24 shall issue a final and conclusive decision
25 on an action or removal under subsection

1 (b) not later than 15 business days after
2 the date on which the notice of the action
3 is received by the applicable covered indi-
4 vidual under paragraph (1)(A).

5 “(ii) REQUIREMENTS.—A decision
6 under clause (i)—

7 “(I) shall be in writing; and

8 “(II) shall include the specific
9 reasons for the decision.

10 “(3) GRIEVANCE PROCESS.—

11 “(A) IN GENERAL.—The Secretary shall
12 establish an internal grievance process under
13 which a covered individual may grieve a deci-
14 sion issued under paragraph (2) not later than
15 the date that is 7 business days after the date
16 on which the decision under that paragraph was
17 issued.

18 “(B) TOTAL PERIOD.—The Secretary shall
19 issue a decision for which an internal grievance
20 process is initiated under subparagraph (A) not
21 later than 21 business days after the date on
22 which the grievance process is initiated by the
23 covered individual.

1 “(C) FINAL AND CONCLUSIVE DECISION.—

2 A grievance decision under this paragraph shall
3 be final and conclusive.

4 “(4) PROCEDURES SUPERSEDING CBAS.—The
5 procedures under this subsection shall supersede any
6 collective bargaining agreement to the extent that
7 such an agreement is inconsistent with the proce-
8 dures.

9 “(5) PERFORMANCE APPRAISAL.—The proce-
10 dures under chapter 43 of title 5, United States
11 Code, shall not apply to an action under subsection
12 (b).

13 “(6) APPEAL TO MERIT SYSTEMS PROTECTION
14 BOARD.—

15 “(A) IN GENERAL.—Subject to subpara-
16 graph (B) and subsection (e), any removal, de-
17 motion, or suspension of more than 14 days
18 under subsection (b) may be appealed to the
19 Merit Systems Protection Board, which shall
20 refer such appeal to an administrative law
21 judge pursuant to section 7701(b)(1) of title 5,
22 United States Code.

23 “(B) TIME PERIOD.—An appeal under
24 subparagraph (A) of a removal, demotion, or
25 suspension may only be made if the appeal is

1 made not later than 10 business days after the
2 date of the removal, demotion, or suspension.

3 “(e) EXPEDITED REVIEW.—

4 “(1) IN GENERAL.—On receipt of an appeal
5 under subsection (d)(6)(A), the applicable adminis-
6 trative law judge shall—

7 “(A) expedite the appeal under section
8 7701(b)(1) of title 5, United States Code; and

9 “(B) issue a final and complete decision on
10 the appeal not later than 180 days after the
11 date of the appeal.

12 “(2) UPHOLDING DECISION.—

13 “(A) IN GENERAL.—Notwithstanding sec-
14 tion 7701(c)(1)(B) of title 5, United States
15 Code, the administrative law judge shall uphold
16 the decision of the Secretary to remove, demote,
17 or suspend an employee under subsection (b) if
18 the decision is supported by substantial evi-
19 dence.

20 “(B) PROHIBITION OF MITIGATION.—Not-
21 withstanding title 5, United States Code, or any
22 other provision of law, if the decision of the
23 Secretary to remove, demote, or suspend an em-
24 ployee under subsection (b) is supported by
25 substantial evidence, the administrative law

1 judge shall not mitigate the penalty prescribed
2 by the Secretary.

3 “(3) APPEAL TO MERIT SYSTEMS PROTECTION
4 BOARD.—

5 “(A) IN GENERAL.—The decision of the
6 administrative law judge under paragraph (1)
7 may be appealed to the Merit Systems Protec-
8 tion Board.

9 “(B) UPHOLDING DECISION.—Notwith-
10 standing section 7701(c)(1)(B) of title 5,
11 United States Code, the Merit Systems Protec-
12 tion Board shall uphold the decision of the Sec-
13 retary to remove, demote, or suspend an em-
14 ployee under subsection (b) if the decision is
15 supported by substantial evidence.

16 “(C) PROHIBITION OF MITIGATION.—Not-
17 withstanding title 5, United States Code, or any
18 other provision of law, if the decision of the
19 Secretary is supported by substantial evidence,
20 the Merit Systems Protection Board shall not
21 mitigate the penalty prescribed by the Sec-
22 retary.

23 “(4) REPORT.—In any case in which an admin-
24 istrative law judge cannot issue a final and complete
25 decision by the deadline described in paragraph

1 (1)(B), the Merit Systems Protection Board shall,
2 not later than 14 business days after the deadline
3 expires, submit to the appropriate committees of
4 Congress a report that explains the reasons why a
5 decision was not issued by the deadline.

6 “(5) APPEAL.—A decision of the Merit Systems
7 Protection Board under paragraph (3) may be ap-
8 pealed to the United States Court of Appeals for the
9 Federal Circuit pursuant to section 7703 of title 5,
10 United States Code, or to any court of appeals of
11 competent jurisdiction pursuant to subsection
12 (b)(1)(B) of that section.

13 “(6) PROHIBITION AGAINST STAYS.—The Merit
14 Systems Protection Board may not stay any removal
15 or demotion under subsection (b), except as provided
16 in section 1214(b) of title 5, United States Code.

17 “(7) RESTRICTION ON PAY AND BENEFITS DUR-
18 ING APPEAL.—

19 “(A) IN GENERAL.—

20 “(i) RESTRICTION ON PAY AND BENE-
21 FITS.—During the period described in
22 clause (ii), a covered individual may not re-
23 ceive any pay and benefits described in
24 subparagraph (B).

1 “(ii) PERIOD DESCRIBED.—The pe-
2 riod referred to in clause (i) is the pe-
3 riod—

4 “(I) beginning on the date on
5 which a covered individual appeals
6 under this section a removal from the
7 civil service under subsection
8 (b)(2)(A); and

9 “(II) ending on the later of—

10 “(aa) the date on which the
11 Merit Systems Protection Board
12 issues a final decision on the ap-
13 peal under paragraph (3); and

14 “(bb) the date on which the
15 United States Court of Appeals
16 for the Federal Circuit issues a
17 final decision on the appeal
18 under paragraph (5).

19 “(B) PAY AND BENEFITS DESCRIBED.—

20 The pay and benefits referred to in subpara-
21 graph (A)(i) are any pay, awards, bonuses, in-
22 centives, allowances, differentials, student loan
23 repayments, special payments, or benefits re-
24 lated to the employment of the individual by the
25 Service.

1 “(8) INFORMATION TO EXPEDITE APPEAL.—To
2 the maximum extent practicable, the Secretary shall
3 provide to the Merit Systems Protection Board such
4 information and assistance as may be necessary to
5 ensure an appeal under this subsection is expedited.

6 “(9) BACKPAY.—If an employee prevails on ap-
7 peal under this section, the employee shall be enti-
8 tled to backpay (as provided in section 5596 of title
9 5, United States Code).

10 “(10) APPLICABLE TIMELINES AND PROCE-
11 DURES.—If an employee who is subject to a collec-
12 tive bargaining agreement chooses to grieve an ac-
13 tion taken under this section through a grievance
14 procedure provided under the collective bargaining
15 agreement, the timelines and procedures described in
16 subsection (d) and this subsection shall apply.

17 “(f) ALLEGED PROHIBITED PERSONNEL PRAC-
18 TICE.—In the case of a covered individual seeking correc-
19 tive action (or on behalf of whom corrective action is
20 sought) from the Office of Special Counsel based on an
21 alleged prohibited personnel practice described in section
22 2302(b) of title 5, United States Code, the Secretary may
23 not remove, demote, or suspend the covered individual
24 under subsection (b) without the approval of the Special

1 Counsel under section 1214(f) of title 5, United States
2 Code.

3 “(g) TERMINATION OF INVESTIGATIONS BY OFFICE
4 OF SPECIAL COUNSEL.—

5 “(1) IN GENERAL.—Notwithstanding any other
6 provision of law, the Special Counsel established by
7 section 1211 of title 5, United States Code, may ter-
8minate an investigation of a prohibited personnel
9 practice alleged by an employee or former employee
10 of the Service after the Special Counsel provides to
11 the employee or former employee a written state-
12ment of the reasons for the termination of the inves-
13tigation.

14 “(2) ADMISSIBILITY.—The statement described
15 in paragraph (1) may not be admissible as evidence
16 in any judicial or administrative proceeding without
17 the consent of the employee or former employee de-
18scribed in paragraph (1).

19 “(h) VACANCIES.—In the case of a covered individual
20 who is removed or demoted under subsection (b), to the
21 maximum extent practicable, the Secretary shall fill the
22 vacancy arising as a result of the removal or demotion.”.

23 (b) CONFORMING AMENDMENTS.—Section 4303(f) of
24 title 5, United States Code, is amended—

1 (1) in paragraph (3), by striking “or” at the
2 end;

3 (2) in paragraph (4), by striking the period at
4 the end and inserting “, or”; and

5 (3) by adding at the end the following:

6 “(5) any removal or demotion under section
7 607 of the Indian Health Care Improvement Act.”.

8 (c) REPORT.—Not later than 18 months after the
9 date of enactment of this Act, the Secretary of Health and
10 Human Services or the Inspector General of the Depart-
11 ment of Health and Human Services, as appropriate, shall
12 submit to Congress a report that includes information
13 on—

14 (1) the number of employees of the Indian
15 Health Service who were removed, demoted, or sus-
16 pended during the 1-year period preceding the date
17 of enactment of this Act;

18 (2) the number of employees of the Indian
19 Health Service who were removed, demoted, or sus-
20 pended during the 1-year period beginning on the
21 date of enactment of this Act pursuant to the
22 amendments made by this section; and

23 (3) the appropriate details of any such remov-
24 als, demotions, and suspensions that lend necessary
25 context.

1 **SEC. 107. TRIBAL CULTURE AND HISTORY.**

2 Section 113 of the Indian Health Care Improvement
3 Act (25 U.S.C. 1616f) is amended—

4 (1) in subsection (a)—

5 (A) by striking “a program” and inserting
6 “an annual mandatory training program”; and

7 (B) by striking “appropriate employees of
8 the Service” and inserting “employees of the
9 Service, locum tenens medical providers,
10 healthcare volunteers, and other contracted em-
11 ployees who work at Service hospitals or other
12 Service units and whose employment requires
13 regular direct patient access”; and

14 (2) by adding at the end the following:

15 “(c) REQUIREMENT TO COMPLETE TRAINING PRO-
16 GRAM.—Notwithstanding any other provision of law, be-
17 ginning on the date of enactment of the Restoring Ac-
18 countability in the Indian Health Service Act of 2023,
19 each employee or provider described in subsection (a) who
20 enters into a contract with the Service shall, as a condition
21 of employment, annually participate in and complete the
22 program established under subsection (a).”.

23 **SEC. 108. STAFFING DEMONSTRATION PROGRAM.**

24 Title VIII of the Indian Health Care Improvement
25 Act (25 U.S.C. 1671 et seq.) is amended by adding at
26 the end the following:

1 **“SEC. 833. STAFFING DEMONSTRATION PROGRAM.**

2 “(a) IN GENERAL.—Not later than 1 year after the
3 date of enactment of the Restoring Accountability in the
4 Indian Health Service Act of 2023, the Secretary, acting
5 through the Service (referred to in this section as the ‘Sec-
6 retary’), shall establish a demonstration program (referred
7 to in this section as the ‘demonstration program’) under
8 which the Service may provide Service units with addi-
9 tional staffing resources, with the goal that the resources
10 become self-sustaining.

11 “(b) SELECTION.—In selecting Service units for par-
12 ticipation in the demonstration program, the Secretary
13 shall consider whether a Service unit services an Indian
14 tribe that—

15 “(1) has utilized or contributed substantial
16 Tribal funds to construct a health facility used by
17 the Service or identified in the master plan for the
18 Service unit;

19 “(2) is located in 1 or more States with Med-
20 icaid reimbursements plans or policies that will in-
21 crease the likelihood that the staffing resources pro-
22 vided will be self-sustaining; and

23 “(3) is operating a health facility described in
24 paragraph (1) under historical staffing ratios, as de-
25 termined by the Secretary, that have not been equal-

1 ized or updated by the Service or any other Service
2 program to reflect current staffing needs.

3 “(c) DURATION.—Staffing resources provided to a
4 Service unit under the demonstration program shall be
5 provided for a duration that the Secretary, in consultation
6 with the applicable Indian tribe, determines appropriate,
7 on the condition that each staffing position provided shall
8 be for a period of not less than 3 fiscal years.

9 “(d) EFFECT OF STAFFING AWARDS.—No staffing
10 resources provided under the demonstration program shall
11 reduce the recurring base funding for staffing for any In-
12 dian tribe or Service unit.

13 “(e) SUNSET.—The demonstration program estab-
14 lished under subsection (a) shall terminate on the date
15 that is 4 years after the date on which the demonstration
16 program is established.

17 “(f) REPORT.—Not later than 1 year after the date
18 on which the demonstration program terminates under
19 subsection (e), the Secretary shall submit to the Com-
20 mittee on Indian Affairs and the Committee on Health,
21 Education, Labor, and Pensions of the Senate and the
22 Committee on Natural Resources and the Committee on
23 Energy and Commerce of the House of Representatives
24 a report describing the demonstration program, including
25 information on—

1 “(1) whether the staffing resources provided
2 under the demonstration program resulted in addi-
3 tional revenue for the applicable Service unit suffi-
4 cient to maintain the staff on a permanent basis;

5 “(2) the levels to which the staffing resources
6 provided under the demonstration program reduced
7 the unmet staffing need for the applicable Service
8 unit; and

9 “(3) whether the demonstration program could
10 be deployed permanently to reduce unmet staffing
11 needs throughout the Service.”.

12 **SEC. 109. RULE ESTABLISHING TRIBAL CONSULTATION**
13 **POLICY.**

14 Title VIII of the Indian Health Care Improvement
15 Act (25 U.S.C. 1671 et seq.) (as amended by section 108)
16 is amended by adding at the end the following:

17 **“SEC. 834. RULE ESTABLISHING TRIBAL CONSULTATION**
18 **POLICY.**

19 “(a) IN GENERAL.—Not later than December 31,
20 2023, the Secretary shall establish, and once every 5 years
21 thereafter, the Secretary shall update, after meaningful
22 consultation with representatives of affected Indian tribes,
23 a rule establishing a Tribal consultation policy for the
24 Service.

1 “(b) CONTENTS OF TRIBAL CONSULTATION POL-
 2 ICY.—The policy established under the rule under sub-
 3 section (a) shall—

4 “(1) update, and replace, the Tribal consulta-
 5 tion policy established under Circular No. 2006–01
 6 of the Service (or any successor policy); and

7 “(2) include—

8 “(A) a process for determining when and
 9 how the Service will notify Indian tribes of the
 10 availability of meaningful consultation;

11 “(B) a determination of which actions or
 12 agency decisions by the Service will trigger a re-
 13 quirement for meaningful consultation with In-
 14 dian tribes; and

15 “(C) a determination of which actions con-
 16 stitute meaningful consultation with Indian
 17 tribes.”.

18 **SEC. 110. ENHANCING QUALITY OF CARE IN THE INDIAN**

19 **HEALTH SERVICE.**

20 (a) IHCLA DEFINITIONS.—In this section, the terms
 21 “Area office”, “Indian tribe”, “Secretary”, “Service”,
 22 “Service unit”, “tribal organization”, and “Urban Indian
 23 organization” have the meanings given those terms in sec-
 24 tion 4 of the Indian Health Care Improvement Act (25
 25 U.S.C. 1603).

1 (b) BEST PRACTICES FOR GOVERNING BOARD AND
2 AREA OFFICE MEETINGS.—

3 (1) DEFINITION OF GOVERNING BOARD.—In
4 this subsection, the term “governing board” means
5 the governing board of the facility of a Service unit.

6 (2) IN GENERAL.—Not later than 1 year after
7 the date of enactment of this Act, the Secretary, in
8 consultation with Indian tribes, governing boards,
9 Area offices, Service units, and other stakeholders,
10 as determined appropriate by the Secretary, shall es-
11 tablish—

12 (A) in accordance with paragraph (3)(A),
13 best practices for governing boards; and

14 (B) in accordance with paragraph (3)(B),
15 best practices for Area offices.

16 (3) REQUIREMENTS.—

17 (A) GOVERNING BOARD BEST PRAC-
18 TICES.—The best practices for governing
19 boards established under paragraph (2)(A) shall
20 include provisions relating to—

21 (i) adequately monitoring the delivery
22 of care at the applicable facility managed
23 by the governing board;

24 (ii) ensuring ongoing facility compli-
25 ance with Federal health care program re-

1 requirements, including requirements of the
2 Service and the Centers for Medicare &
3 Medicaid Services;

4 (iii) handling, documenting, and re-
5 sponding to patient complaints;

6 (iv) documenting, addressing, and, if
7 applicable, reporting instances of profes-
8 sional misconduct by facility staff in ac-
9 cordance with applicable Federal and State
10 law;

11 (v) improving facility performance and
12 operations with respect to mandatory and
13 voluntary quality initiatives carried out by
14 the Service and the Centers for Medicare &
15 Medicaid Services; and

16 (vi) reporting requirements under
17 Federal law, including with respect to—

18 (I) the Government Performance
19 and Results Act of 1993 (Public Law
20 103–62; 107 Stat. 285), the GPRA
21 Modernization Act of 2010 (Public
22 Law 111–352; 124 Stat. 3866), and
23 the amendments made by those Acts;
24 and

1 (II) the applicable provisions of
2 titles XVIII and XIX of the Social Se-
3 curity Act (42 U.S.C. 1395 et seq.,
4 1396 et seq.).

5 (B) AREA OFFICE BEST PRACTICES.—The
6 best practices for Area offices established under
7 paragraph (2)(B) shall include provisions relat-
8 ing to—

9 (i) strategies for how to best monitor
10 governing board activities relating to the
11 oversight of—

12 (I) delivery and quality of patient
13 care;

14 (II) documenting and responding
15 to patient complaints and instances of
16 professional misconduct; and

17 (III) facility compliance with
18 Federal health care program require-
19 ments, including requirements of the
20 Service and the Centers for Medicare
21 & Medicaid Services; and

22 (ii) connecting governing boards, in-
23 cluding the applicable facilities of those
24 governing boards, to resources necessary
25 for enhancing patient outcomes and im-

1 proving facility performance, including
2 through the use of technical assistance.

3 (4) PUBLICATION.—The best practices estab-
4 lished under paragraph (2) shall be—

5 (A) reported to, in writing, as applicable,
6 all governing boards and Area offices; and

7 (B) incorporated into the Indian Health
8 Manual of the Service.

9 (c) REVIEW OF QUALITY AND PERFORMANCE MEAS-
10 URES.—

11 (1) REVIEW.—

12 (A) IN GENERAL.—Not later than 1 year
13 after the date of enactment of this Act, the Sec-
14 retary, in coordination with the Agency for
15 Healthcare Research and Quality, the National
16 Quality Forum, Indian tribes, practitioners and
17 administrators of the Service, and other quali-
18 fied experts, as determined appropriate by the
19 Secretary, shall undertake a review of the re-
20 ported quality and performance measures of
21 Service facilities conducted by the Secretary in
22 accordance with—

23 (i) section 306 of title 5, United
24 States Code;

1 (ii) section 1115(b) of title 31, United
2 States Code; and

3 (iii) any law (including regulations)
4 used in any mandatory or voluntary pro-
5 gram of the Centers for Medicare & Med-
6 icaid Services.

7 (B) REPORT.—Not later than 6 months
8 after the date on which the review required
9 under subparagraph (A) is completed, the Sec-
10 retary shall submit to Congress a report on the
11 details and findings of that review, which shall
12 include an assessment of—

13 (i) the suitability of measures used as
14 of the date of enactment of this Act for the
15 applicable Service facility, taking into con-
16 sideration the patient volume of the facil-
17 ity, the mix of patient cases at the facility,
18 the geographic location of the facility, and
19 medical professional shortage designations
20 at the facility, as determined by the Sec-
21 retary; and

22 (ii) the extent to which the perform-
23 ance and quality measures are outcome-
24 based or process-based measures.

1 (2) ADOPTION.—Not later than 1 year after the
2 date on which the report required under paragraph
3 (1)(B) is submitted to Congress, the Service, in co-
4 ordination with the Centers for Medicare & Medicaid
5 Services, shall adopt, and assist Service facilities to
6 adopt, to the extent practicable, more suitable, as
7 compared to those quality and performance meas-
8 ures adopted prior to the submission of that report,
9 quality and performance measures, including meas-
10 ures that are more outcome-based and process-
11 based, in accordance with the factors described in
12 paragraph (1)(B)(i).

13 (3) GAO REPORT.—Not later than 1 year after
14 the date on which the report required under para-
15 graph (1)(B) is submitted to Congress, the Comp-
16 troller General of the United States shall submit to
17 Congress a report on challenges relating to quality
18 measure and data collection in Service facilities,
19 which shall include—

20 (A) barriers to the adoption of relevant
21 performance and quality measures in Service
22 facilities; and

23 (B) recommendations for how the Service,
24 other Federal agencies, and stakeholders can

1 assist Service facilities in adopting suitable
2 quality and performance measures.

3 (d) COMPLIANCE ASSISTANCE PROGRAM.—

4 (1) DEFINITIONS.—In this subsection:

5 (A) ADMINISTRATOR.—The term “Admin-
6 istrator” means the Administrator of the Cen-
7 ters for Medicare & Medicaid Services.

8 (B) ELIGIBLE FACILITY.—

9 (i) IN GENERAL.—The term “eligible
10 facility” means a facility operated by the
11 Service that—

12 (I) is an underperforming hos-
13 pital or outpatient facility; and

14 (II) is eligible for payments
15 under title XVIII of the Social Secu-
16 rity Act (42 U.S.C. 1395 et seq.).

17 (ii) INCLUSION.—The term “eligible
18 facility” includes a tribally operated facil-
19 ity, if that facility consents to participating
20 in the program.

21 (C) PROGRAM.—The term “program”
22 means the compliance assistance program es-
23 tablished under paragraph (2).

24 (D) TRIBALLY OPERATED FACILITY.—The
25 term “tribally operated facility” means a facil-

1 ity operated by an Indian tribe, a tribal organi-
2 zation, or an Urban Indian organization that—

3 (i) is an underperforming hospital or
4 outpatient facility; and

5 (ii) is eligible for payments under title
6 XVIII of the Social Security Act (42
7 U.S.C. 1395 et seq.).

8 (2) ESTABLISHMENT OF PROGRAM.—Not later
9 than 1 year after the date of enactment of this Act,
10 the Secretary, in coordination with the Adminis-
11 trator and quality improvement organizations having
12 a contract with the Secretary under part B of title
13 XI of the Social Security Act (42 U.S.C. 1320c et
14 seq.), shall establish a compliance assistance pro-
15 gram for eligible facilities.

16 (3) METHODOLOGY.—The Secretary shall es-
17 tablish a methodology for determining which eligible
18 facilities shall participate in the program, which
19 shall take into account the following factors:

20 (A) The number and severity of facility de-
21 ficiencies with respect to applicable require-
22 ments under title XVIII of the Social Security
23 Act (42 U.S.C. 1395 et seq.).

24 (B) The history of provider misconduct or
25 patient harm at the facility.

1 (C) Whether there is high staff turnover at
2 the facility.

3 (D) Whether the facility has low perform-
4 ance on program quality measures, relative to
5 other facilities of the Service, in accordance
6 with reported quality and performance meas-
7 ures conducted by the Secretary in accordance
8 with—

9 (i) section 306 of title 5, United
10 States Code;

11 (ii) section 1115(b) of title 31, United
12 States Code; and

13 (iii) any law (including regulations)
14 used in any mandatory or voluntary pro-
15 gram of the Centers for Medicare & Med-
16 icaid Services.

17 (4) SELECTION OF FACILITIES.—

18 (A) IN GENERAL.—The Secretary, in co-
19 ordination with the Administrator, shall select
20 not less than 25 percent of the eligible facilities
21 to participate in the program using the method-
22 ology established under paragraph (3).

23 (B) PARTICIPATION.—

24 (i) IN GENERAL.—An eligible facility
25 selected to participate in the program

1 under subparagraph (A) shall be required
2 to participate in the program.

3 (ii) REQUIREMENT.—The Secretary
4 shall ensure that, at all times during the
5 period beginning on the date of establish-
6 ment of the program and the date on
7 which the program terminates under para-
8 graph (8), not less than 25 percent of eli-
9 gible facilities are participating in the pro-
10 gram.

11 (C) TERM OF PARTICIPATION.—

12 (i) IN GENERAL.—Subject to clause
13 (ii), an eligible facility selected to partici-
14 pate in the program under subparagraph
15 (A) shall participate in the program for a
16 period of 2 years.

17 (ii) WAIVER.—If the Secretary, in co-
18 ordination with the Administrator, certifies
19 that an eligible facility participating in the
20 program has improved on its performance
21 to a satisfactory level, as determined by
22 the Secretary, then the eligible facility does
23 not have to participate in the program for
24 the full 2-year period.

1 (D) PARTICIPATION LIMIT.—An eligible fa-
2 cility may participate in the program for more
3 than 1 2-year period.

4 (5) PROGRAM COMPONENTS.—The program
5 shall provide on-site consultation and educational
6 programming for eligible facilities to ensure those el-
7 igible facilities are—

8 (A) meeting Federal requirements of the
9 Service and any conditions of participation ap-
10 plicable under title XVIII of the Social Security
11 Act (42 U.S.C. 1395 et seq.); and

12 (B) satisfactorily implementing any quality
13 initiatives and programs established by the
14 Service or the Centers for Medicare & Medicaid
15 Services.

16 (6) ENFORCEMENT OR NONCOMPLIANCE AC-
17 TIONS.—

18 (A) IN GENERAL.—The program shall be
19 conducted independently of any enforcement ac-
20 tions under the Indian Health Care Improve-
21 ment Act (25 U.S.C. 1601 et seq.) or non-
22 compliance actions taken by the Administrator
23 with respect to noncompliance with conditions
24 of participation applicable under title XVIII of
25 the Social Security Act (42 U.S.C. 1395 et

1 seq.), unless, while carrying out the program,
2 the Secretary or the Administrator, as applica-
3 ble, encounters a triggering event, as deter-
4 mined by the Secretary or the Administrator, as
5 applicable, that would necessitate an enforce-
6 ment action or noncompliance action.

7 (B) TRIGGERING EVENT ENCOUNTERED.—
8 If a triggering event is encountered by the Sec-
9 retary or Administrator under subparagraph
10 (A), the eligible facility shall continue to partici-
11 pate in the program so long as the facility—

12 (i) remains eligible for payments
13 under title XVIII of the Social Security
14 Act (42 U.S.C. 1395 et seq.); and

15 (ii) continues to meet all of the condi-
16 tions and requirements for such payments
17 which are applicable under such title.

18 (7) IMPLEMENTATION.—The Secretary shall
19 carry out the program in coordination with quality
20 improvement organizations having a contract with
21 the Secretary under part B of title XI of the Social
22 Security Act (42 U.S.C. 1320c et seq.).

23 (8) SUNSET.—The program shall terminate 6
24 years after the date on which the program is estab-
25 lished.

1 (9) REPORT.—Not later than 1 year after the
2 date on which the program terminates under para-
3 graph (8), the Comptroller General of the United
4 States shall submit to Congress a report evaluating
5 the effectiveness of the program, which shall include,
6 to the extent practicable—

7 (A) detailed data on changes in the patient
8 experience at eligible facilities that participated
9 in the program;

10 (B) a description of the compliance status
11 of eligible facilities that participated in the pro-
12 gram with requirements of the Service and any
13 conditions of participation applicable under title
14 XVIII of the Social Security Act (42 U.S.C.
15 1395 et seq.); and

16 (C) a description of the progress by eligible
17 facilities that participated in the program in
18 meeting the goals of quality improvement activi-
19 ties of the Department of Health and Human
20 Services.

1 **SEC. 111. NOTIFICATION OF INVESTIGATION REGARDING**
2 **PROFESSIONAL CONDUCT; SUBMISSION OF**
3 **RECORDS.**

4 Title VIII of the Indian Health Care Improvement
5 Act (25 U.S.C. 1671 et seq.) (as amended by section 109)
6 is amended by adding at the end the following:

7 **“SEC. 835. NOTIFICATION OF INVESTIGATION REGARDING**
8 **PROFESSIONAL CONDUCT; SUBMISSION OF**
9 **RECORDS.**

10 “(a) REPORT.—Not later than 14 calendar days after
11 the date on which the Service undertakes an investigation
12 into the professional conduct of a licensee of a State, the
13 Secretary, acting through the Service, shall notify the rel-
14 evant State medical board of the investigation.

15 “(b) SUBMISSION OF RECORDS.—Not later than 14
16 calendar days after the date on which the Service gen-
17 erates records relating to an investigation conducted by
18 the Service into the professional conduct of a licensee of
19 a State, the Secretary, acting through the Service, shall
20 provide the records to the relevant State medical board.”.

21 **SEC. 112. MEDICAL CHAPERONES; OFFICE OF PATIENT AD-**
22 **VOCACY.**

23 (a) MEDICAL CHAPERONES.—Title II of the Indian
24 Health Care Improvement Act is amended by inserting
25 after section 223 (25 U.S.C. 1621v) the following:

1 **“SEC. 224. MEDICAL CHAPERONES.**

2 “(a) INDIAN HEALTH SERVICE.—

3 “(1) IN GENERAL.—The Secretary, acting
4 through the Service, shall, at the request of a pa-
5 tient of the Service, provide to the patient a medical
6 chaperone, to be present during any medical exam-
7 ination of the patient provided by or through the
8 Service.

9 “(2) REQUIREMENTS.—The Secretary, acting
10 through the Service, shall—

11 “(A) notify patients of the Service of the
12 right to have a medical chaperone present dur-
13 ing a medical examination provided by or
14 through the Service; and

15 “(B) ensure that the right described in
16 subparagraph (A) is provided to each patient in
17 each Service unit.

18 “(b) OTHER PROVIDERS OF SERVICES.—An Indian
19 tribe, tribal organization, or any other Indian health pro-
20 gram may use amounts made available under this Act to
21 provide, at the request of a patient to whom the Indian
22 tribe, tribal organization, or Indian health program is pro-
23 viding health care services, a medical chaperone to the pa-
24 tient, to be present during any medical examination of the
25 patient provided by the Indian tribe or tribal organiza-
26 tion.”.

1 (b) INDIAN HEALTH SERVICE OFFICE OF PATIENT
2 ADVOCACY.—Title VI of the Indian Health Care Improve-
3 ment Act (25 U.S.C. 1661 et seq.) (as amended by section
4 106(a)) is amended by adding at the end the following:

5 **“SEC. 608. OFFICE OF PATIENT ADVOCACY.**

6 “(a) DEFINITIONS.—In this section:

7 “(1) DIRECTOR.—The term ‘Director’ means
8 the Director of the Office.

9 “(2) OFFICE.—The term ‘Office’ means the Of-
10 fice of Patient Advocacy established by subsection
11 (b).

12 “(b) ESTABLISHMENT.—There is established within
13 the Department an office, to be known as the ‘Office of
14 Patient Advocacy’.

15 “(c) DIRECTOR.—The Office shall be headed by a Di-
16 rector, who shall—

17 “(1) be appointed by the Secretary from among
18 individuals qualified to perform the duties of the po-
19 sition; and

20 “(2) report directly to the Secretary.

21 “(d) DUTIES.—

22 “(1) IN GENERAL.—The Office shall carry out
23 a patient advocacy program of the Service, under
24 which the Office shall—

1 “(A) employ patient advocates to advocate
2 on behalf of Indians with respect to health care
3 services sought or received through the Service;

4 “(B) provide to those patient advocates
5 training to ensure the advocates carry out the
6 responsibilities described in paragraph (2); and

7 “(C) in as many prominent locations as
8 the Director determines to be appropriate to be
9 seen by the largest percentage of patients and
10 family members of patients at each Service
11 unit, display—

12 “(i) the purposes of the patient advo-
13 cacy program;

14 “(ii) the contact information for a pa-
15 tient advocate employed at the Service
16 unit; and

17 “(iii) a description of the rights and
18 responsibilities of patients and family
19 members of patients at the Service unit.

20 “(2) PATIENT ADVOCATE RESPONSIBILITIES.—

21 The responsibilities of a patient advocate employed
22 by the Office shall include the following:

23 “(A) Resolving any complaints by Indian
24 patients with respect to health care services

1 provided by or through the Service that cannot
2 be resolved at—

3 “(i) the point of service; or

4 “(ii) a higher level easily accessible to
5 the patient.

6 “(B) Expressing to Indians their rights
7 and responsibilities as patients in receiving
8 health care services through the Service.

9 “(C) Presenting at various meetings, and
10 to various committees, a description of any
11 issues experienced by Indians in receiving
12 health care services through the Service.

13 “(D) Managing a patient advocate track-
14 ing system, if applicable.

15 “(E) Compiling data relating to any com-
16 plaints made to the advocate by Indians with
17 respect to the receipt of health care services
18 through the Service, and the satisfaction of In-
19 dians with those services, to determine whether
20 there exist any trends in those data.

21 “(F) Ensuring that a process exists for the
22 distribution of data compiled under subpara-
23 graph (E) to Indian health programs, appro-
24 priate leaders, committees, and service pro-
25 viders, and staff of the Service.

1 “(G) Identifying, not less frequently than
2 quarterly, opportunities for improvement in the
3 provision of health care services to Indians by
4 or through the Service, including based on com-
5 plaints by Indian patients or immediate family
6 members.

7 “(H) Ensuring that any significant com-
8 plaint by an Indian patient or family member
9 with respect to health care provided by or
10 through the Service is brought to the attention
11 of appropriate staff of the Service or Indian
12 health program for the purpose of assessing
13 whether further analysis of the problem is re-
14 quired at the Service, Service area, Service unit,
15 or Indian health program level.

16 “(I) Supporting any other patient advocacy
17 programs carried out by the Department.

18 “(J) Ensuring that all appeals and final
19 decisions with respect to the receipt of health
20 care services through the Service are entered
21 into a patient advocate tracking system of the
22 Office, if applicable.

23 “(K) Understanding all laws, directives,
24 and other rules relating to the rights and re-
25 sponsibilities of Indians in receiving health care

1 services through the Service, including the ap-
2 peals processes available to Indian patients and
3 immediate family members.

4 “(L) Ensuring that Indians receiving be-
5 havioral health services under title VII (and any
6 surrogate decisionmakers for such Indians) are
7 aware of the right of Indians—

8 “(i) to seek representation from sys-
9 tems established under section 103 of the
10 Protection and Advocacy for Mentally Ill
11 Individuals Act of 1986 (42 U.S.C.
12 10803);

13 “(ii) to protect and advocate for the
14 rights of Indians experiencing behavioral
15 health issues; and

16 “(iii) to investigate incidents of abuse
17 and neglect of Indians experiencing behav-
18 ioral health issues.

19 “(M) Achieving compliance with any appli-
20 cable requirements established by the Secretary
21 with respect to the inspection of controlled sub-
22 stances (as defined in section 102 of the Con-
23 trolled Substances Act (21 U.S.C. 802)).

1 “(N) Documenting potentially threatening
2 behavior and reporting that behavior to the ap-
3 propriate authorities.

4 “(3) TRAINING.—The Director shall ensure
5 that the training provided to patient advocates
6 under paragraph (1)(B) is consistent throughout the
7 Office, including with respect to any mandatory
8 training or certification standards approved by the
9 Director.”.

10 **SEC. 113. FITNESS OF HEALTH CARE PROVIDERS.**

11 (a) IN GENERAL.—Title VIII of the Indian Health
12 Care Improvement Act is amended by inserting after sec-
13 tion 802 (25 U.S.C. 1672) the following:

14 **“SEC. 803. FITNESS OF HEALTH CARE PROVIDERS.**

15 “(a) ADDITIONAL REQUIREMENTS FOR HIRING OF
16 HEALTH CARE PROVIDERS BY SERVICE.—As part of the
17 hiring process for each health care provider position at
18 the Service after the date of enactment of the Restoring
19 Accountability in the Indian Health Service Act of 2023,
20 the Director shall require from the medical board of each
21 State in which the health care provider has or had a med-
22 ical license—

23 “(1) information on any violation of the re-
24 quirements of the medical license of the health care
25 provider during the 20-year period ending on the

1 date on which the health care provider is being con-
2 sidered for a position at the Service; and

3 “(2) information on whether the health care
4 provider has entered into any settlement agreement
5 for a disciplinary charge relating to the practice of
6 medicine by the health care provider.

7 “(b) PROVISION OF INFORMATION ON SERVICE
8 HEALTH CARE PROVIDERS TO STATE MEDICAL
9 BOARDS.—Notwithstanding section 552a of title 5, United
10 States Code, with respect to each health care provider of
11 the Service who has violated a requirement of the medical
12 license of the health care provider, the Director shall pro-
13 vide to the medical board of each State in which the health
14 care provider is licensed detailed information with respect
15 to the violation, regardless of whether the medical board
16 has formally requested that information.”.

17 (b) REPORT ON COMPLIANCE BY INDIAN HEALTH
18 SERVICE WITH REVIEWS OF HEALTH CARE PROVIDERS
19 LEAVING SERVICE OR TRANSFERRING TO OTHER FACILI-
20 TIES.—Not later than 180 days after the date of enact-
21 ment of this Act, the Director of the Indian Health Service
22 shall submit to the Committee on Indian Affairs of the
23 Senate and the Committee on Natural Resources of the
24 House of Representatives a report on the compliance by

1 the Indian Health Service with the policy of the Indian
2 Health Service—

3 (1) to conduct a review of each health care pro-
4 vider of the Indian Health Service who transfers to
5 another medical facility of the Indian Health Serv-
6 ice, resigns, retires, or is terminated to determine
7 whether there are any concerns, complaints, or alle-
8 gations of violations relating to the medical practice
9 of the health care provider; and

10 (2) to take appropriate action with respect to
11 any concern, complaint, or allegation described in
12 paragraph (1).

13 **SEC. 114. STANDARDS TO IMPROVE TIMELINESS OF CARE.**

14 Title IV of the Indian Health Care Improvement Act
15 (25 U.S.C. 1641 et seq.) is amended by adding at the end
16 the following:

17 **“SEC. 412. STANDARDS TO IMPROVE TIMELINESS OF CARE.**

18 **“(a) REGULATIONS.—**

19 **“(1) IN GENERAL.—**Not later than 180 days
20 after the date of enactment of the Restoring Ac-
21 countability in the Indian Health Service Act of
22 2023, the Secretary, acting through the Service,
23 shall—

1 “(A) establish, by regulation, standards to
2 measure the timeliness of the provision of
3 health care services in Service facilities; and

4 “(B) provide such standards to each Serv-
5 ice unit.

6 “(2) DATA COLLECTION.—The Secretary, act-
7 ing through the Service, shall develop a process for
8 each Service unit to submit to the Secretary data
9 with respect to the standards established under
10 paragraph (1)(A).

11 “(b) ANNUAL REPORTS.—

12 “(1) IN GENERAL.—Not later than 1 year after
13 the date of enactment of the Restoring Account-
14 ability in the Indian Health Service Act of 2023,
15 and annually thereafter, each Area office shall sub-
16 mit to the Secretary a report on the metrics re-
17 ported by Service units relating to the timeliness of
18 the provision of health care services in Service facili-
19 ties within each Service unit.

20 “(2) PUBLICATION.—The Secretary shall make
21 each report received under paragraph (1) publicly
22 available on the website of the Service.”.

1 **TITLE II—EMPLOYEE**
2 **PROTECTIONS**

3 **SEC. 201. EMPLOYEE PROTECTIONS AGAINST RETALIA-**
4 **TION.**

5 Title VI of the Indian Health Care Improvement Act
6 (25 U.S.C. 1661 et seq.) (as amended by section 112(b))
7 is amended by adding at the end the following:

8 **“SEC. 609. EMPLOYEE PROTECTIONS AGAINST RETALIA-**
9 **TION.**

10 “(a) DEFINITIONS.—In this section:

11 “(1) INFORMATION.—The term ‘information’
12 means information—

13 “(A) the disclosure of which is not specifi-
14 cally prohibited by law; and

15 “(B) that is not specifically required by
16 Executive order to be kept secret in the interest
17 of national defense or the conduct of foreign af-
18 fairs.

19 “(2) RETALIATION.—The term ‘retaliation’,
20 with respect to a whistleblower, means—

21 “(A) an adverse employment action against
22 the whistleblower;

23 “(B) a significantly adverse action against
24 the whistleblower, such as the refusal or delay
25 of care provided through the Service; and

1 “(C) an adverse action described in sub-
2 paragraph (A) or (B) against a family member
3 or friend of the whistleblower.

4 “(3) WHISTLEBLOWER.—The term ‘whistle-
5 blower’ means an employee of the Service who dis-
6 closes information that the employee reasonably be-
7 lieves evidences—

8 “(A) a violation of any law, rule, regula-
9 tion, or Service policy; or

10 “(B) gross mismanagement, a gross waste
11 of funds, an abuse of authority, or a substantial
12 and specific danger to public health or safety.

13 “(b) EMPLOYEE ACCOUNTABILITY.—

14 “(1) DESIGNATED OFFICIAL.—The Secretary
15 shall designate an official in the Department who is
16 not an employee of the Service to receive reports
17 under paragraph (2).

18 “(2) MANDATORY REPORTING.—An employee of
19 the Service who witnesses retaliation against a whis-
20 tleblower, a violation of a patient safety requirement,
21 or other similar conduct shall submit to the official
22 designated under paragraph (1) a report of the con-
23 duct.

24 “(3) OVERSIGHT.—Not later than 3 days after
25 the date on which the official designated under para-

1 graph (1) receives a report under paragraph (2), the
2 Secretary shall—

3 “(A) formally review the report; and

4 “(B) provide a copy of the report and any
5 other relevant information to the Inspector
6 General of the Department.

7 “(4) REMOVAL FOR WHISTLEBLOWER RETALIA-
8 TION.—

9 “(A) IN GENERAL.—The Secretary may re-
10 move for misconduct from the civil service (as
11 defined in section 2101 of title 5, United States
12 Code), in accordance with section 606 or 607,
13 as applicable, an employee of the Service if the
14 Secretary determines, after completing a review
15 described in paragraph (3), that the employee
16 has retaliated against a whistleblower and war-
17 rants removal for misconduct.

18 “(B) RETALIATION AS MISCONDUCT.—Re-
19 taliation by an employee against a whistle-
20 blower, as described in subparagraph (A), shall
21 be considered to be misconduct for purposes of
22 sections 606 and 607.

23 “(5) ENHANCING PROTECTIONS FOR WHISTLE-
24 BLOWERS.—The Secretary shall carry out any ac-
25 tions determined necessary by the Secretary to en-

1 with paragraphs (2) through (5), to each employee
2 of the Indian Health Service notice of the right to
3 petition Congress under section 7211 of title 5,
4 United States Code.

5 (2) MEMORANDUM.—Not later than 30 days
6 after the date of enactment of this Act, the Sec-
7 retary shall submit to the Inspector General of the
8 Department of Health and Human Services (re-
9 ferred to in this subsection as the “Inspector Gen-
10 eral”) a memorandum that includes the following
11 statement: “It is a violation of section 7211 of title
12 5, United States Code, for any Federal agency or
13 employee to require a Federal employee to seek ap-
14 proval, guidance, or any other form of input prior to
15 contacting Congress with information, even if that
16 information is in relation to the job responsibilities
17 of the employee. A Federal employee found to have
18 interfered with or denied the right of another Fed-
19 eral employee under such section shall be subject to
20 an adverse action described in any of paragraphs (1)
21 through (5) of section 7512 of title 5, United States
22 Code, including a suspension for more than 14 days
23 without pay.”.

24 (3) APPROVAL OR DISAPPROVAL.—

1 (A) IN GENERAL.—Not later than 30 days
2 after the date on which the memorandum is
3 submitted under paragraph (2), the Inspector
4 General shall approve or disapprove the memo-
5 randum.

6 (B) DISAPPROVAL.—If the Inspector Gen-
7 eral disapproves the memorandum, the Inspec-
8 tor General shall advise the Secretary on what
9 changes to the memorandum are necessary for
10 approval.

11 (4) NOTICE.—If the memorandum is approved
12 under paragraph (3), not later than 30 days after
13 the date of the approval, the Secretary shall—

14 (A) provide to each employee of the Indian
15 Health Service an electronic copy of the ap-
16 proved memorandum; and

17 (B) post the memorandum in a clear and
18 conspicuous place on the website of the Indian
19 Health Service.

20 (5) REVISED MEMORANDUM.—

21 (A) IN GENERAL.—If the memorandum is
22 disapproved under paragraph (3), not later
23 than 15 days after the date of disapproval, the
24 Secretary shall submit to the Inspector General
25 a revised memorandum that incorporates the

1 changes advised under subparagraph (B) of
2 that paragraph.

3 (B) APPROVAL OR DISAPPROVAL.—Not
4 later than 30 days after the date on which the
5 revised memorandum is submitted under sub-
6 paragraph (A), the Inspector General shall ap-
7 prove the revised memorandum.

8 (C) NOTICE.—Not later than 30 days after
9 the date on which a revised memorandum is ap-
10 proved under this paragraph, the Secretary
11 shall provide notice of the memorandum in ac-
12 cordance with paragraph (4).

13 **SEC. 203. FISCAL ACCOUNTABILITY.**

14 Title VI of the Indian Health Care Improvement Act
15 (25 U.S.C. 1661 et seq.) (as amended by section 201) is
16 amended by adding at the end the following:

17 **“SEC. 610. FISCAL ACCOUNTABILITY.**

18 “(a) MANAGEMENT OF FUNDS.—

19 “(1) IN GENERAL.—If the Secretary fails to
20 submit a professional housing plan under section
21 302(a) of the Restoring Accountability in the Indian
22 Health Service Act of 2023 or a staffing plan under
23 section 302(b) of that Act by the applicable dead-
24 line, the Secretary may not receive, obligate, trans-
25 fer, or expend any amounts for a salary increase or

1 bonus of an individual described in paragraph (2)
2 until the professional housing plan or staffing plan,
3 as applicable, is submitted.

4 “(2) INDIVIDUAL DESCRIBED.—An individual
5 referred to in paragraph (1) is an individual em-
6 ployed in the Service—

7 “(A) in a position that is—

8 “(i) described in any of sections 5312
9 through 5316 of title 5, United States
10 Code;

11 “(ii) placed in level IV or V of the Ex-
12 ecutive Schedule under section 5317 of
13 title 5, United States Code; or

14 “(iii) described in section 213.3301 or
15 213.3302 of title 5, Code of Federal Regu-
16 lations (or a successor regulation); or

17 “(B) as a limited term appointee, limited
18 emergency appointee, or noncareer appointee
19 (as those terms are defined in section 3132(a)
20 of title 5, United States Code).

21 “(b) PRIORITIZATION OF PATIENT CARE.—

22 “(1) IN GENERAL.—The Secretary shall use
23 amounts available to the Service that are not obli-
24 gated or expended, including base budget funding
25 and third party collections, during the fiscal years

1 for which the amounts are made available, and that
2 remain available, and in keeping with the purpose
3 for which the funds were appropriated, only to sup-
4 port patient care by using the funds for—

5 “(A) the costs of—

6 “(i) essential medical equipment;

7 “(ii) purchased or referred care; or

8 “(iii) staffing; or

9 “(B) any other costs necessary to improve
10 or maintain quality of care and patient safety.

11 “(2) SPECIAL RULE.—In using amounts under
12 paragraph (1), the Secretary shall ensure that, in
13 any case where the amounts were originally made
14 available for a particular Service unit, the amounts
15 are used to benefit Indians served by that Service
16 unit.

17 “(3) HHS PLAN.—Each applicable fiscal year,
18 the Secretary, in consultation with Indian tribes,
19 shall establish a plan for distributing the amounts
20 described in paragraph (1) across the categories of
21 uses described in subparagraphs (A) through (C) of
22 that paragraph.

23 “(4) RESTRICTIONS.—The Secretary may not
24 use amounts described in paragraph (1)—

1 “(A) to remodel or interior decorate any
2 Area office; or

3 “(B) to increase the rate of pay of any em-
4 ployee of an Area office.

5 “(c) SPENDING REPORTS.—Not later than 90 days
6 after the end of each fiscal year, the Secretary shall sub-
7 mit a report describing the authorizations, expenditures,
8 outlays, transfers, reprogramming, and obligations of each
9 level of the Service, including the headquarters, each Area
10 office, each Service unit, and each health clinic or facility,
11 to—

12 “(1) each Indian tribe;

13 “(2) in the Senate—

14 “(A) the Committee on Indian Affairs;

15 “(B) the Committee on Health, Education,
16 Labor, and Pensions;

17 “(C) the Committee on Appropriations;

18 and

19 “(D) the Committee on the Budget; and

20 “(3) in the House of Representatives—

21 “(A) the Committee on Natural Resources;

22 “(B) the Committee on Energy and Com-
23 merce;

24 “(C) the Committee on Appropriations;

25 and

1 “(D) the Committee on the Budget.

2 “(d) STATUS REPORTS.—

3 “(1) PURPOSE.—The purpose of the report de-
4 scribed in paragraph (2) is to identify the certifi-
5 cation and accreditation status of each facility oper-
6 ated by the Service, Indian tribes, tribal organiza-
7 tions, and Urban Indian organizations.

8 “(2) YEARLY REPORT.—Subject to paragraph
9 (3), not later than 180 days after the end of each
10 fiscal year, the Secretary shall provide to each entity
11 described in paragraphs (1) through (3) of sub-
12 section (c) a report describing the safety, billing,
13 certification, credential, and compliance statuses of
14 each facility managed, operated, or otherwise sup-
15 ported by the Service.

16 “(3) UPDATES.—With respect to any change of
17 a status described in paragraph (2), the Secretary
18 shall immediately provide to each entity described in
19 paragraphs (1) through (3) of subsection (c) an up-
20 date describing the change.

21 “(e) EFFECT.—Nothing in this section—

22 “(1) negatively impacts the right of an Indian
23 tribe to enter into a compact or contract under the
24 Indian Self-Determination and Education Assistance
25 Act (25 U.S.C. 5301 et seq.); or

1 “(2) applies to such a compact or contract un-
2 less expressly agreed to by the Indian tribe.”.

3 **TITLE III—REPORTS**

4 **SEC. 301. DEFINITIONS.**

5 In this title:

6 (1) **PURCHASED/REFERRED CARE.**—The term
7 “purchased/referred care” has the meaning given the
8 term in section 4 of the Indian Health Care Im-
9 provement Act (25 U.S.C. 1603) (as amended by
10 section 401(a)).

11 (2) **SECRETARY.**—The term “Secretary” means
12 the Secretary of Health and Human Services.

13 (3) **SERVICE.**—The term “Service” means the
14 Indian Health Service.

15 (4) **SERVICE UNIT.**—The term “Service unit”
16 has the meaning given the term in section 4 of the
17 Indian Health Care Improvement Act (25 U.S.C.
18 1603).

19 (5) **TRIBAL HEALTH PROGRAM.**—The term
20 “tribal health program” has the meaning given the
21 term in section 4 of the Indian Health Care Im-
22 provement Act (25 U.S.C. 1603).

23 **SEC. 302. REPORTS BY THE SECRETARY OF HEALTH AND** 24 **HUMAN SERVICES.**

25 (a) **IHS PROFESSIONAL HOUSING PLAN.**—

1 (1) IN GENERAL.—Not later than 1 year after
2 the date of enactment of this Act, the Secretary
3 shall develop, make publicly available, and submit to
4 Congress and the Comptroller General of the United
5 States a written plan to address the professional
6 housing needs of employees of the Service and em-
7 ployees of tribal health programs that comports with
8 the practices and recommendations of the Govern-
9 ment Accountability Office relating to professional
10 housing included in the most recent report of the
11 Government Accountability Office regarding Indian
12 Health Service housing needs.

13 (2) REQUIREMENT.—The plan under paragraph
14 (1) shall include, at a minimum, projections for the
15 professional housing needs for—

16 (A) the 1-year period following the date of
17 the plan;

18 (B) the 5-year period following the date of
19 the plan; and

20 (C) the 10-year period following the date
21 of the plan.

22 (b) PLAN RELATING TO IHS STAFFING NEEDS.—

23 (1) IN GENERAL.—Not later than 1 year after
24 the date on which the Government Accountability
25 Office releases the report described in subsection (a),

1 the Secretary shall develop, make publicly available,
2 and submit to Congress and the Comptroller General
3 of the United States a written plan to address the
4 staffing needs of the Service and tribal health pro-
5 grams that comports with the practices and rec-
6 ommendations of the Government Accountability Of-
7 fice relating to workforce planning included in the
8 report.

9 (2) REQUIREMENT.—The plan under paragraph
10 (1) shall include, at a minimum, projections for the
11 staffing needs for—

12 (A) the 1-year period following the date of
13 the plan;

14 (B) the 5-year period following the date of
15 the plan; and

16 (C) the 10-year period following the date
17 of the plan.

18 **SEC. 303. REPORTS BY THE COMPTROLLER GENERAL.**

19 (a) IHS HOUSING NEEDS REPORT.—Not later than
20 2 years after the date on which the Comptroller General
21 of the United States receives the professional housing plan
22 under section 302(a), the Comptroller General shall de-
23 velop and submit to Congress a report that includes—

24 (1) an assessment of the professional housing
25 plan;

1 (2) an evaluation of any existing, as of the date
2 of the report, assessments and projections for the
3 professional housing needs of employees of the Serv-
4 ice and employees of tribal health programs, includ-
5 ing a discussion and conclusions as to whether the
6 existing assessments and projections accurately re-
7 flect the professional housing needs of employees of
8 the Service and employees of tribal health programs;
9 and

10 (3) an assessment of the professional housing
11 needs of—

12 (A) employees of the Service for each Serv-
13 ice area (as defined in section 4 of the Indian
14 Health Care Improvement Act (25 U.S.C.
15 1603)); and

16 (B) employees of tribal health programs
17 for each Indian tribe, as applicable.

18 (b) IHS STAFFING NEEDS REPORT.—

19 (1) IN GENERAL.—Not later than 2 years after
20 the date on which the Comptroller General receives
21 the plan relating to IHS staffing needs under sec-
22 tion 302(b), the Comptroller General shall prepare
23 and submit to Congress a report on the staffing
24 needs of the Service and tribal health programs.

1 (2) CONTENTS.—The report under paragraph

2 (1) shall include—

3 (A) an assessment of the staffing plan re-
4 ferred to in paragraph (1);

5 (B) a description of—

6 (i) the number and type of full-time
7 positions needed at each facility of the
8 Service and at each tribal health program;
9 and

10 (ii) the amount of funds necessary to
11 maintain those positions;

12 (C) an explanation of the various meth-
13 odologies that the Service uses and has pre-
14 viously used to determine the number and type
15 of full-time positions needed at federally man-
16 aged Service units; and

17 (D) an assessment of the use of inde-
18 pendent contractors, including—

19 (i) the number of independent con-
20 tractors hired to fill vacant full-time posi-
21 tions; and

22 (ii) the amount of funds spent on
23 independent contractors who provide
24 health care services.

25 (c) WHISTLEBLOWER PROTECTIONS REPORT.—

1 (1) IN GENERAL.—Not later than 1 year after
2 the date of enactment of this Act, the Comptroller
3 General shall develop and submit to Congress a re-
4 port on the efficacy of existing protections for whis-
5 tleblowers in the Service, including the protections
6 implemented pursuant to sections 201 and 202 and
7 the amendments made by those sections.

8 (2) CONTENTS.—The report under paragraph
9 (1) shall include—

10 (A) a discussion and conclusions as to
11 whether the Service has taken proper steps to
12 prevent retaliation against whistleblowers;

13 (B) if applicable, any recommendations for
14 changes to the policy of the Service with respect
15 to whistleblowers; and

16 (C) a discussion and conclusions as to
17 whether the official email accounts of employees
18 of the Service are appropriately monitored.

19 **SEC. 304. INSPECTOR GENERAL REPORTS.**

20 (a) PATIENT CARE REPORTS.—

21 (1) INITIAL REPORT.—Not later than 3 years
22 after the date of enactment of this Act, the Inspec-
23 tor General of the Department of Health and
24 Human Services shall develop and submit to Con-
25 gress and the Service a report on deferrals and deni-

1 als of care of patients by a purchased/referred care
2 program in direct service hospitals of the Service.

3 (2) SUBSEQUENT REPORT.—Not later than 3
4 years after the date on which the Inspector General
5 of the Department of Health and Human Services
6 submits the report required by paragraph (1), the
7 Inspector General of the Department of Health and
8 Human Services shall develop and submit to Con-
9 gress and the Service a report on patient harm
10 events and patient deaths relating to deferrals and
11 denials of care in the Service.

12 (3) REQUIREMENTS.—The reports required
13 under paragraphs (1) and (2) shall include, as appli-
14 cable—

15 (A)(i) an evaluation of the number and
16 kind of events that contribute to patient deaths
17 as a result of deferrals and denials of care by
18 a purchased/referred care program; and

19 (ii) recommendations relating to how to re-
20 duce the number of patient harm events de-
21 scribed in clause (i); and

22 (B)(i) an evaluation of the tracking and re-
23 porting by the Service of, and response to, pa-
24 tient harm events and patient deaths that result
25 from deferrals and denials of care; and

1 (ii) recommendations relating to how to
2 improve that tracking, reporting, and response.

3 (b) **REPORTING SYSTEMS EVALUATION.**—Not later
4 than 3 years after the date of enactment of this Act, the
5 Inspector General of the Department of Health and
6 Human Services shall—

7 (1) conduct an evaluation of the patient safety
8 incident reporting system of the Service required by
9 the Indian Health Care Improvement Act (25 U.S.C.
10 1601 et seq.), as of the date of enactment of this
11 Act; and

12 (2) provide to the Service recommendations and
13 technical assistance regarding implementation of im-
14 proved incident reporting system, procedures, stand-
15 ards, and protocols.

16 **SEC. 305. TRANSPARENCY IN CMS SURVEYS.**

17 Section 1880 of the Social Security Act (42 U.S.C.
18 1395qq) is amended by adding at the end the following:

19 “(g)(1) With respect to each hospital described in
20 subsection (a), standard surveys (whether conducted by
21 the Secretary or by an accreditation organization under
22 section 1865) to determine if such hospital meets the con-
23 ditions of participation under section 1861(e) shall be con-
24 ducted not later than 36 months after the date of the pre-
25 vious such survey.

1 “(2) With respect to each skilled nursing facility de-
 2 scribed in subsection (a), standard surveys to determine
 3 if such facility meets the conditions of participation under
 4 this title shall be conducted not later than 12 months after
 5 the date of the previous such survey.

6 “(3) Each survey completed under this subsection
 7 shall be posted on the Internet website of the Centers for
 8 Medicare & Medicaid Services. Such posting shall comply
 9 with the Federal regulations concerning the privacy of in-
 10 dividually identifiable health information promulgated
 11 under section 264(c) of the Health Insurance Portability
 12 and Accountability Act of 1996.”.

13 **TITLE IV—TECHNICAL** 14 **AMENDMENTS**

15 **SEC. 401. TECHNICAL AMENDMENTS.**

16 (a) DEFINITIONS.—Section 4 of the Indian Health
 17 Care Improvement Act (25 U.S.C. 1603) is amended—

18 (1) in paragraph (5), by striking the paragraph
 19 designation and heading and all that follows through
 20 “means” and inserting the following:

21 “(5) PURCHASED/REFERRED CARE.—The term
 22 ‘purchased/referred care’ means”; and

23 (2) by redesignating paragraph (5) and para-
 24 graphs (6) through (15) as paragraph (15) and
 25 paragraphs (5) through (14), respectively, and mov-

1 ing the paragraphs so as to appear in numerical
2 order.

3 (b) TECHNICAL AMENDMENTS.—The Indian Health
4 Care Improvement Act (25 U.S.C. 1601 et seq.) is amend-
5 ed—

6 (1) by striking “contract health service” each
7 place it appears (regardless of casing and typeface
8 and including in the headings) and inserting “pur-
9 chased/referred care” (with appropriate casing and
10 typeface); and

11 (2) by striking “contract health services” each
12 place it appears (regardless of casing and typeface
13 and including in the headings) and inserting “pur-
14 chased/referred care” (with appropriate casing and
15 typeface).

○